

Gaps in mental health services for seniors

What can we do about them?

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In April 2002, the National Symposium on gaps in mental health services for seniors in long-term care facilities will be held in Toronto, Ont. The outcome of this meeting will interest all family physicians, particularly those with nursing home practices. As the College of Family Physicians of Canada (CFPC) representative to the organizing committee, I would like to summarize the objectives of this group and offer readers the opportunity to contribute to this project.

The proportion of Canadians older than 65 years is expected to increase dramatically in the next 20 years. By 2021, people considered "geriatric" will be 18% of the population, with concomitant increases in the number of frail elderly and in the prevalence of such diseases as dementia. This demographic change will increase the demand for long-term care, a field in which family physicians provide most medical services. Recent prevalence studies suggest that up to 80% of nursing home and long-term care residents suffer from psychiatric illnesses, but only a few have access to specialized mental health services. An Ontario study found that 80% of nursing homes have less than 5 hours monthly of psychiatric care and that almost 40% receive no direct psychiatric services.¹ Education for physicians, nurses, and other health care providers in long-term care facilities has not been readily available and varies greatly in quality and content.

To address these concerns, the Canadian Academy of Geriatric Psychiatrists has developed a national symposium of experts from a variety of disciplines. This group will meet on April 28 and 29, 2002, to answer the following questions.

- What issues and opportunities do we want to discuss in order to bring high-quality mental health services to all seniors living in long-term care facilities?

- What will we do to bring high-quality mental health services to all seniors in long-term care facilities?

Answers to these questions could involve the following areas:

- advocacy and policy,
- education,
- research and data collection,
- staffing and human resources,
- practice standards and guidelines, and
- public awareness.

All outcomes of these discussions will require much work after the meeting and will also require support from government and professional governing bodies, such as the CFPC. Invitations have been sent to 150 individuals and representatives of agencies, professional organizations, and consumer groups (including the Alzheimer's Society, the Canadian Geriatrics Society, the Canadian Nursing Association, and the Canadian Society of Consulting Pharmacologists). Family physicians will be represented by the CFPC and the Ontario Long-Term Care Medical Directors' Association. It is important that family physicians' opinions and concerns be brought to this meeting. If family physicians would like to contribute to this symposium or if they are interested in participating in the projects arising from the symposium, please contact me by e-mail at frankc@pccc.kari.net or by mail at St. Mary's of the Lake Hospital, 340 Union St, Kingston, ON K7L 5A2. I look forward to hearing from readers about this important topic. ♦

Reference

1. Conn D, Silver I. Psychiatrists' role in long term care (results of a survey by the Canadian Academy of Geriatric Psychiatry). *Can Nurs Home* 1998;9(4):22-4.

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